METHOD OF PAYMENT (Check all that apply)										
☐ A check or money order is enclosed to cover the filing fees.										
☑ Payment by credit card. Form PTO-2038 is attached.										
FEE CALCULATION										
1. Basic Filing, Search and Examination Fees										
	Filing I	-ees	Search Fees			Examination Fees		Fees Paid (\$)		
Application Type:	Fee(\$)	Fee(\$) Small Entity	Fee(\$)	Fee(\$) Small Enti		ee(\$)	Fee(\$) Small Entity			
Utility	310	155	510	255	2	10	105	\$0		
Design	210	105	100	50	1:	30	65			
Reissue	310	155	510	255	6	20	310			
Provisional	210	105	0	0	C)	0			
 2. Excess Claims Fees 2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity) 2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity) 2.3 Multiple dependent claims \$360 (\$180 small entity) 										
Total Claims 12 -	Thr - 44	reshold =	Extra (Claims X	Fee (\$) \$50 (\$25	5)		<u>\$0</u>		
Indep. Claims	Thr 3	reshold =	Extra (Claims X	Fee (\$) \$210 (\$1	05)		\$0		
Multiple Dep. Cl	aims				Fee (\$) \$370 (\$1	85)				
3. Application Size Fee If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets		dra Sheets		Fee (\$				\$ 0		
- 10	00 = _	/50 =	—	\$260 (\$	5130)			<u>\$0</u>		
4. Other Fee(s)										
Non-English specification (\$130 fee, no small entity discount) Other: 3 month extension fee								525.00		

SIGNATURE	KonJames		
PRINTED NAME	Ron Jacobs	TELEPHONE	650-424-0100
DATE	11/15/07	REGISTRATION NUMBER	50,142